PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 29 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	Diana Reimer		
H. Name of lobbyist's partnership, firm or corporation, if any:			
(Name o	f partnership, firm or corporation)		
1464 Morena Blvd.	San Diego	CA	92110
Business Address: (Street)		(State)	(Zip Code)
(540) 441-7227	()	e-mail dreimer@	cosaction.com
(Telephone)	(Fa:	x)	<u> </u>
reportable expense trans	rs: (Choose one – file separate repo sactions which are not attributable	to any one client).	
All reportable transact	tions occurring in the months prior to	o the reporting date relative to the	ie following client:
Convention of States	22:2		
OR (F	ull Name of Client as it appears on the L	obbyist Registration Form)	
	ions by the lobbyist (including the lo	bbyist's family), or the lobbying	g firm listed below which
-	April 25, 2018 rom date of registration to 3/31/18	July 25, 2018 activity from 4/1/18 to 6/30/18	·
	October 31, 2018 🔀 vity from 7/1/18 to 9/30/18	January 30, 2019 [] activity from 10/1/18 to 12/31	/18
	ofees received and no reportable plete just this form and submit it to		
VI. Check if additional r	enorts are attached:		
	fees or made expenditures, you must	file Addendum A- Fees and E	xpenses
☐ If you have paid an ho Expense Reimbursement	onorarium or reimbursed expenses, y	ou must file Addendum B — Re	port of Honorariums or
☐ If you, your firm, or y	our family has made political contri	butions, you must file Addendu	m C- Political Contribut
and complete to the best o	nation by Lobbyist 15-B, RSA 14-C and RSA 664 and if my knowledge and belief. RELUCE RELUCE	hereby swear or affirm that the $\frac{10/24/2}{\text{(Da}}$	
DIANIA (Print Name of lobbyist)	REIMER		•